



City Council Appointment Application

Due by:

4:30 p.m.

Thursday, February 23, 2017

Please submit to:

Katie Bruno, City Clerk

590 40th Ave NE

Columbia Heights MN 55421

kbruno@columbiaheightsmn.gov

Data Practices Advisory

Please note that Minnesota Statute, Chapter 13.601, classifies the following as public data on applications for appointment to a public body:

- (1) Name;
- (2) City of Residence;
- (3) Education and Training;
- (4) Employment History;
- (5) Volunteer Work;
- (6) Awards and Honors;
- (7) Prior Government Service;
- (8) Any data required to be provided or that are voluntarily provided in an application for appointment to a multimember agency pursuant to section 15.0597; and
- (9) Veteran status.

Furthermore, state law requires that, once an individual is appointed to a public body, their residential address and either a telephone number or e-mail address becomes public data.

Tennessen Warning

The purpose and intended use of the information requested on this application is to assist us in determining how your qualifications compare with the requirements of the position, and so the appointing authority can make an informed decision regarding the appointment of applicants to the City Council. Your contact information is also being requested at this time so that staff has the ability to verify your eligibility for appointment (residential address) and to contact you regarding your application. If you are appointed to the City Council, the contact information that you have listed on this application (residential address, personal phone number, and e-mail address) will become public unless you note otherwise in the outlined area below in this application.

An application is not required to provide any information; however, failure to answer any of the questions on this application or supplemental questionnaire may cause the appointing authority to reject the application or to select another candidate. The data on this form will be maintained by the city of Columbia Heights in accordance with the Minnesota Government Data Practices Act and the non-public portions of the form, if any, will be available to individuals working for the City whose work assignments reasonably require access.



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MINNESOTA DATA PRACTICES ACT

APPLICANT NAME _____
Last First Middle

Questions (use the space below or attach a separate sheet):

1. Please list any education or training you believe is relevant to the City Council position you are applying for.

2. Please list any work experience you believe is relevant to the City Council position you are applying for.

3. Please list any volunteer experience you believe is relevant to the City Council position you are applying for.



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4. Why do you wish to serve on the City Council and what do you hope to accomplish as a member of the City Council?

5. Please list any professional, trade, business, or civic activities and offices held. *(you may exclude memberships that would reveal, sex, race, religion, national origin, age, ancestry, sexual orientation, disability, or other protected status)*



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Supplemental Questions (use the space below or attach a separate sheet).

1. How long have you been a resident of Columbia Heights, what has your involvement in the community been, and how do you stay informed on current City issues?

2. As a Columbia Heights resident, what two things in the community are you most proud of, and what two things in the community are you least proud of? Why?

3. Describe what you think your role would be as a member of the Columbia Heights City Council, and how much time per week you think it will take to be a member of the City Council.



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- 4. How do you see the role of those charged with governance as being different from the role of City management and staff?**

- 5. What two issues would you like to see addressed during your term on the City Council and why?**

- 6. Please share your vision of Columbia Heights in 20 years.**



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Home Address: _____ Phone (H): _____

E-mail Address: _____ Phone (C): _____

How long have you lived in the city of Columbia Heights? _____ Years _____ Months

Current Employment: _____
Title and Employer Years in Position

Past Employment: _____
Title and Employer Years in Position

Reference: _____
Name Phone

Name Phone

NOTE: IF APPOINTED, MINNESOTA STATUTE 13.601 REQUIRES THAT A TELEPHONE NUMBER AND/OR EMAIL ADDRESS WHERE THE APPOINTEE CAN BE REACHED AND A RESIDENTIAL ADDRESS WILL BE CONSIDERED PUBLIC DATA.

By signing below, I am authorizing that the above information and statements listed in this application are true and acknowledge that upon appointment to the City Council that my current address, personal phone number, and e-mail address will be released as public data unless otherwise indicated below:

Applicant Signature: _____ Date: _____

The City of Columbia Heights considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual preference, the presence of a non-job related medical condition or disability, or any other legally protected status.